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CASE OF UN-UNITED FRACTURE OF THE FORE-ARM, OF FOUR
YEARS' STANDING, SUCCESSFULLY TREATED.

BY CHAS. S. TRIPLER, M.D., SURGEON U. S. ARMY.

LIEUT. F., of the 5th Regiment of Infantry, 30 years of age, of a scrofulous habit, broke both bones of the left fore-arm, four years ago. Owing to some neglect, union was not effected at the time; and they remained until the 30th of January, 1842, un-united.

Upon examination it appeared that the radius was broken within two inches of its humeral extremity, and the ulna at one third of its length from the elbow. The radius was not much displaced, but there was a prominence at the fractured point, as if the superior portion were depressed and thrust under the lower portion. The fractured extremities of the ulna were displaced towards the ulnar edge and back of the radius, forming a large and salient angle at the point of meeting. By extension the bone could be brought nearly into its normal position and plane. The limb was useless except in lifting weights in the direction of its axis. The moment the elbow-joint was flexed, the hand became powerless. The fore-arm was shortened nearly three inches.

The false joint in the ulna admitting of the greater degree of motion, I thought it probable that if I could effect an osseous union in *that* bone, the use of the arm would be sufficiently restored for all ordinary purposes. With this view I determined to try pressure as recommended by Brodie, Amesbury and others. I placed a flat, broad splint upon the palmar face of the fore-arm, and a firm, oval pad over the fractured point of the bone. A roller was then nicely adjusted from the fingers to the elbow, over the pad, while extension of the limb was made by an assistant. Additional pressure was made upon the pad, by means of an iron band passing round the arm with a thumb-screw working through it. It required some further contrivance to adjust this band and screw, so as to bring the force in a direction perpendicular to the axis of the ulna.

The pain caused by this apparatus was excessive. The patient declared he could not bear it, and day after day he had it removed in my absence, and then rather clumsily re-applied after he had got a little ease. Under these circumstances I could not expect to make a very straight bone, if union was effected at all; nevertheless I persevered for eleven weeks, and then had the satisfaction to find that a firm union had been accomplished in *that* bone.

It was now discovered that the mobility of the false joint in the radius

was such as still to impede, in an important degree, the functions of the organ. The pronator and supinator muscles being inserted into that bone, rotation was of course very imperfect, and the flexibility of the fore-arm at the point of fracture of the radius would hinder the complete ossification of the ulna. It became necessary then by some means to endeavor to produce bony union in the radius. Pressure I thought too tedious and uncertain, nor could I contrive any satisfactory mode of applying it to this bone, under the particular circumstances of the case. The same reasons forbade the use of the seton. I therefore, after consultation with my friend Dr. Pitcher, late of the army, determined to expose the radius, and remove the ends of the bone at the point of fracture.

This operation I performed, with the assistance of Dr. Pitcher, on the 18th of April, by making an incision about four inches long, through the integuments and fascia over the supinator longus muscle, dissecting down to the bone carefully on the outer side of that muscle, and then removing the fractured extremities of the radius with the trephine.

The operation was rendered painful and tedious by the difficulty experienced in detaching the pieces of the bone from the interosseous ligament, the wound being very deep and narrow.

The edges of the wound were brought together with adhesive straps, and the arm secured in pasteboard splints and a roller. The next day there was some excitement, and the arm above the elbow was somewhat red and tumefied; on the 20th this inflammation was increased and had assumed, distinctly, the form of phlegmonous erysipelas. The wound looked perfectly well. In a day or two the diffuse cellular inflammation suppurated, with the usual accompaniments, rigors, burning pains, &c., and was relieved by discharging its pus partly through the wound and partly through a counter opening above the elbow. After this the patient had two attacks of intermittent fever of the tertian type, both of them re-producing the swelling and suppuration of the skin and cellular tissue above the elbow, and retarding the cicatrization of the wound made in the operation. I was fearful these successive suppurations, by keeping the ends of the bones bathed in pus, would prevent the deposit of osseous matter, and defeat the object of the operation. But by constant attention to the general health of the patient, on the 31st of May I had the satisfaction to find that a bony union of the radius was effected; on the 17th of June the external wound was completely cicatrized, and on the 21st the patient was reported for duty.

The arm is now about one inch shorter than the other. The radius is perfectly straight; the ulna is firmly united at a small angle; the motions of pronation and supination are performed very well and are daily improving.

Remarks.—In cases of un-united fracture, three principal methods of procedure are recommended, and all upon high authority: the seton, excision of the fractured extremities of the bone, and forcible apposition maintained for a considerable length of time.

There can be no doubt of the success of each method under favorable circumstances; but when a fracture has remained so long un-united as the case reported, to which method should the surgeon resort?

In this case I tried two of them on two different bones; both succeeded. Excision was successful, in spite of several untoward accidents, in six weeks. Forcible apposition, without any other disturbing circumstance than the impatience of the patient, was also successful in *eleven* weeks, and was a much more painful operation than the former.

Without extending these remarks any further, I should then say, excision is decidedly preferable. After the operation, the surgeon has a favorable case of compound fracture to treat, without the bruising and laceration of the soft parts, attendant upon that form of injury when it is the result of accident.

The seton in this case would have been inapplicable, from the peculiar form of the fracture—I mean on Dr. Physick's plan. Nor do I think Oppenheim's method would have been successful, from the great age of the fracture. The only cases I have heard of, treated on this plan, were but of six months' standing, or less.—*Maryland Medical and Surgical Journal*.

CASE OF NÆVUS MATERNUS.

BY ALFRED LORD, ESQ.

ON the 9th of April last a gentleman residing in the country brought his infant to town for surgical advice. The child was a boy of 9 months old, very healthy, fat and strong. When I first saw him my attention was directed to a *nævus* seated over the middle of the sternum, of the size of a half-crown piece, button-shaped, raised by a pedicle, four times smaller than its surface, about a quarter of an inch from the skin, apparently consisting of erectile tissue, very vascular, and of a dark purple hue. During crying it became unusually distended; by pressure it could be nearly emptied of its blood, and when grasped with the thumb and finger might, with the surrounding integuments, be drawn a considerable distance from the sternum. It was first observed two months after birth, and was then very small, but had rapidly increased in size during the last two months. There were also two very small ones upon the forehead.

The opinion of many medical men in the country had been taken upon his case, all of whom considered the destruction of the *nævus* essential, but differed as to the best means of effecting that object. It was therefore deemed advisable, amidst conflicting opinions, to apply to Sir Benjamin Brodie, and leave the case in his hands. I accordingly accompanied the parents to Sir Benjamin's on the 12th of April. He agreed with all who had previously seen the child as to the propriety of a speedy removal of the *nævus*, considering, from its great vascularity and rapid growth, that ulceration would soon take place, and life be endangered by hæmorrhage. As it appeared perfectly cutaneous, Sir Benjamin preferred removing it by ligature rather than by the other methods. He, therefore, performed the operation in the following manner:—A hare-lip pin was passed through the integuments, entering on one side at a quarter of an inch from the *nævus*, passing under it, and emerging at a quarter of an inch from the *nævus* on the other side. A second pin was

then introduced in a similar way, so as to form a cross. A strong ligature, formed of silk cord, was then tightly and frequently wound round beneath the pins, the ends being forcibly drawn together every time they met, and, after several rounds, secured by a knot. The nævus was then punctured with a lancet to relieve the tension, which finished the operation. The child suffered considerably during the operation; but in the course of half an hour after was quite easy.

After the lapse of a week, the nævus sloughed off, leaving a sore of considerable depth, and of the circumference of half a crown, in the centre of which there existed a few points of a suspicious character, which Sir Benjamin washed freely with nitric acid. Another week passed before the slough caused by the acid had separated, after which we discovered that several roots of the nævus, apparently deeply seated, had shot up under cover of the slough. The chloride of zinc applied on lint was now had recourse to. In a few days the slough came away, when the same points again presented themselves. On this occasion Sir Benjamin used a stick of the caustic potash cut to a point like a pencil, which he passed freely and often into each root, working it well about, and going as deep as the sternum. This we hoped would prove effectual; but, after the interval of a few days occupied with the sloughing process, we found our old enemy again rearing his hydra head as vigorously as ever. Sir Benjamin now determined to use the nitric acid by means of the glass pen, which, having first dipped into the acid, he passed into every root, working it about freely so as almost to detach the roots from the sternum, from which it appeared clear they were growing. I should here state that when the acid was applied the surrounding skin was protected by being washed with a solution of the bicarbonate of potash, which immediately neutralized any acid that might come in contact with it, and thereby, of course, rendered it innocuous. At the end of another week the slough again came off, when we were enabled to pronounce the destruction of the nævus complete. A portion of the periosteum of the sternum had been destroyed, the denuded bone grating against the probe when introduced, which, whilst it rendered the cure more certain, produced a new cause of anxiety from the fear of exfoliation. The child remained in town a fortnight after this, during which time the sore made no progress towards healing, owing to his health being much impaired by the combined effects of his treatment, teething, slight affection of the lungs, and want of country air. He was therefore allowed to return home; and at the expiration of another fortnight I had the gratification of seeing him in the country with the wound perfectly healed, and his general health restored.

The non-exfoliation of bone after the destruction of the periosteum may, I imagine, be attributed to the great vascularity of the sternum, especially at so early an age, which rendered it capable of maintaining its vitality and re-producing the periosteum.

The two small nævi on the forehead I readily destroyed by puncturing them with a glass pen having on its point a very small drop of nitric acid, which induced inflammation and consequent ulceration.

This case proves, in a striking manner, the great importance of re-

moving these growths at an early period. It also shows how little dependence should be placed upon the moveableness of such tumors as a sign that they are not deeply seated, as there can be no doubt that in this instance the *nævus* was attached to the sternum, though it was capable of being freely raised from it with the surrounding integuments; this power of being moved most probably depending upon the elastic nature of its roots.

With regard to the origin of these tumors, they are generally, and I presume rightly, looked upon as in no way symptomatic of a faulty constitution, but considered to be merely accidental occurrences, owing to the weakness of the vessels of the part. Still there must be a cause for this weakness; and I would suggest whether it may not be found in the deficient arrangement of the cellular membrane, by which the minute vessels are deprived of their due support.

Perhaps, whilst on this subject, I may be allowed just to glance at the various methods recommended for curing this troublesome affection.

1. Pressure and cold applications, as suggested by the late Mr. Abernethy.

2. Vaccination performed in the *nævus*, as recommended by Mr. Hodgson, of Birmingham, which has been found to be very successful by inducing inflammation and ulceration, and consequently altering the structure of the part. In the case just recorded the child had been vaccinated before the discovery of the *nævus*.

3. Injecting with nitric acid, as practised by Mr. Lloyd, to produce adhesive inflammation.

4. Passing a needle several times through the substance of the *nævus*, as adopted by Dr. Marshall Hall, with the same view.

5. The use of small threads as a seton, as originally employed by Mr. Fawcington and Mr. Macilwain, and strongly advocated by Mr. Curling, of the London Hospital.

6. Destruction by the various caustics.

7. Removal by ligature, as in the present instance.

8. By excision.

Pressure and cold will seldom be found to be more than a palliative means. The knife is rarely resorted to, owing to a well-grounded fear of hæmorrhage. The other modes alluded to will be found more or less desirable, according to the size, seat and nature of the *nævus*. I lately met with one upon the lip of an infant, which was cured by injecting nitric acid into its structure. In this situation most of the other means would have been out of the question.

There exists generally in the minds of medical men a very strong objection to the ligature, owing to the pain and irritation it is supposed to cause. This objection, which I at one time entertained, appears to me to be ill founded, as in the case I have just given all pain ceased after the lapse of half an hour, and no subsequent irritation was induced.—*London Medical Gazette*.

COLD-WATER CURE.

[THE following is an extract from J. Gross's journey to Graefenberg, containing an account of some of the processes of the cold-water treatment of diseases, as practised in Vincent Priessnitz's establishment at that place.]

Notwithstanding the hardness of my bed, I slept profoundly until 4, A. M., when my host came to pack me up to commence my first sudorific process. He made me get up, took away the sheet and a wadded counterpane which Priessnitz had lent me (as I was not accustomed to the hot feather-bed which they use here), and instead of these he spread out a large blanket, on which I laid down naked; he then commenced the usual operation of packing up. Custom had given mine host such facility that he wrapped me up so well and so firmly, that I could not move. Over the blanket he put the feather-bed, and then the wadded counterpane, and over all my cloak; these being well tucked in, he finished by burying my head so deep in the pillows, as only to leave the eyes, nose and mouth uncovered. This covering up of the head is only used when required by the invalid, or by the order of Priessnitz. On leaving me, my attendant wished that perspiration might quickly commence, and he came every now and then to inquire how I was going on. This manner of lying without being able to move, in a woollen blanket, of which the hair is long, causes an uncomfortable sensation on the skin, and was to me a most disagreeable operation; but this was only so for the first time. I went to sleep soon after I was covered up, although it is said this is not good. My temperament being more dry than moist, it was necessary to remain two hours in this position, until the sweat was produced by the concentration of perspiration, and the cutaneous heat manifested itself: with many it requires less time, but this is regulated according to the disposition of the patient. My landlord, seeing I was in a state of perspiration, opened the window, and gave me from time to time cold water to drink. Both are done in order to refresh the lungs, by causing them to inhale fresh air, to re-animate the strength of the body, and to preserve it from the heat and weakness which ensue. Cold water, drank when the perspiration is running, gives activity to the respiratory functions; whilst if drank before the breaking out of perspiration, it stops it. Another means of producing perspiration, when difficult, is the forced motion of the body, and rubbing of the hands and feet together, as well as this can be done when so tightly wrapped up; only care should be taken not to drink after such motion. After having perspired two hours, and consequently passed four hours in this disagreeable situation, I was delivered from it by Priessnitz, who came in and judged it to be sufficient. We must always leave him to decide the length of time requisite, and avoid prolonging it until weakness is felt. Its duration varies from half an hour to two hours from the moment perspiration commences. My attendant [shut the window, freed my head, and quickly took off all my coverings except the blanket, which he sufficiently loosened to enable him to take away the urinal which had been placed in the bed, and to encase my feet in straw slippers.

At the same time Priessnitz caused me to be seated, and to hold out my hands, which he wetted several times with cold water; when he gave me the basin, telling me to wash my face. I then left the bed, wrapped in my blanket, covered with perspiration. I went with a quick and gay step, without experiencing the slightest weakness or inconvenience, to the bottom of the staircase, and outside the house to the bath-room. Priessnitz preceded me; my landlord followed, carrying the sheet and cloak. After having washed my hands and face, and thrown off the blanket, Priessnitz made me enter the preparatory bath of tepid water, causing me to be washed and well rubbed as on the day previous; I then plunged for an instant into a bath filled with cold water, which is continually fresh on the one side, and empties itself on the other, and returned as quick as possible to the former, when, after another good rubbing, I was obliged again to go into the cold bath, there to plunge several times, always rubbing my limbs; and again returned for the last time into the tepid bath, which I soon left, covered as the preceding day, to regain my room, where I was dried by rubbing; I then quickly dressed, and went out to take exercise. Far from shivering, I felt a delightful heat, and a peculiar vigor of body and mind.

I was subjected to the operation of perspiring, but of shorter duration, accompanied by the same bath again in the evening; but the next day, leaving the preparatory bath, on coming out of bed I plunged into the cold bath, taking the precaution, which should never be neglected, of washing hands, face and neck, previously.

THE YOUNG PHYSICIAN.

To the Editor of the Boston Medical and Surgical Journal.

YOUR admirable remarks on "A Cheerful Physician," have been the rounds of the papers in this vicinity. I enclosed them to the National Intelligencer, and its cotemporaries followed suit. I could wish your observations had been more extended, as you would better have accomplished the task I shadow forth in these incipient paragraphs.

There is no class of men who tread a more cold and desolate path than the young physician. Pursuing a profession whose silent course affords few, if any, opportunities of distinction when isolated and devoid of family influences, they are daily necessitated to bear up against the ungrateful, illiberal, and (to speak with charity) the thoughtless conduct of the communities wherein they commence their career. I beg leave here to premise that I design to speak of young physicians; by which term I mean young gentlemen who have been by their own exertions, or the agency of others, fully and properly prepared for the practice of medicine. Of the mushroom progeny of the present day, I treat not—I leave them with but the one remark, that they degrade the profession, and are the cause of many of the wrongs inflicted on those whose moral, social and medical education elevates and entitles them to the dignity of doctor in medicine.

The world bears witness to the fact that the great majority of those

young men who really make themselves "physicians," are poor—having expended every cent in the attainment of their degree. Wholly absorbed in their studies, they think not of the more than martyrdom of an early Christian which awaits their kindest feelings and efforts in the noble profession to which they are about to give their young years, the too often unrequited sunshine of a shortened life. For statistics prove that physicians die younger than any other class of men; their average age reaching, I believe, to thirty and odd years. Yes, with empty pockets and heart in hand, they go forth frequently to be the only ministers to body and soul whose benevolent footstep falls on the ear of the dying pauper or the family that had seen "better days;" there to hunger with the hungry, to thirst with the thirsty, and sympathize with their sufferings. Look, see him now, him who scarce can feed or clothe himself, bestowing his last cent, nay, his credit (forgetful of his own self-need) on the shivering children of some poor invalid—his utter inability to provide medical and domestic necessities wringing every fibre of a heart, sorely sensitive to such appeals. See him among the "well to do" in the world. His thread-bare coat and pedestrian visit are too often considered legitimate subjects for the sneer of the more favored and fortunate. Many, aye, and even good people, too, trust too much to appearances, and send for a fine coat and a horse and buggy, instead of a gentleman and physician of wise head and noble heart. And yet the young physician should be an object of special regard to all reflecting parents. They should remember that in due course of time he is to preside over the destinies, in a measure, of their children, and that to their hands is entrusted much of that skill, and kindness of feeling, with which his heart and head can be imbued, if in his early struggles he finds them the source of many little attentions ere time had allowed him really to earn, by proof of his qualifications, such gentle offices. But how is the fact? Instead of this course being taken, it too often happens that his desire to serve them in his professional capacity meets only with indifference, sometimes neglect, nay even contempt. Should a message by mistake have been delivered to him requesting his immediate attendance, he hastens to the scene of sickness or casualty, only to find the door shut in his face; or, if the case is too urgent, to be cavalierly discharged as soon as the family physician arrives; or, if he attend throughout, to find his services underrated, and the idea of his charging a regular fee scouted as the height of impudence and absurdity—the outrage being, perhaps, in their opinion, smoothed down by suggesting that the bill be shown to, and audited by, some old practitioner. Blistered should be the tongue of such a man as could stoop to so soulless an act, by word or look, or even silence. Yet God knows there are plenty ever ready and willing to put their foot upon a young man's neck, as often as an opportunity offers. Yes, conscious, if they read at all, that since their day medicine has become a science (for scarcely a quarter of a century has rolled by since its true principles have been understood), and jealous of the real superiority of better-informed, though younger men, such doctors steep themselves to the very lips in cant,

hypocrisy and trickery ; to say nothing, in plain language, of their underhanded dealings in whispered lies and slanders.

But to return to the young physician among those who are " well to do " in the world. Owing to the universal foible of aping our wealthier neighbors, persons, otherwise of marked intelligence, look on unmoved and see rode down men whom they much prefer if they only practised in fashionable style. They slight the poor young doctor, too, because his necessities render him, perchance, too eager to serve his employers. They forget how much he endures, and that a gentleman always conceals his personal wants to the utmost of his ability. In addition to all this, how often, too, does a community yield to the stale babblings of a few dotards and old grannies about experience. Is experience, then, to be measured by time? Has not a young man the advantage of easily and promptly acquiring the knowledge of all his predecessors? I tell you the young physician is more experienced in his two years' walks through the hospital, as at present arranged, than many of those grey-heads of village repute. The most recent practice and discoveries in medicine and in the implements of surgery come under the supervision of the young student; but when and where, let me ask, do you ever find the settled provincial leaving his practice to overhaul the modern *adlenda* to his profession. The appearance of such men in the halls of medical colleges is rare indeed. Many of them are too much occupied in shutting out their young village competitors from every case they can, and their mean devices are too often suffered to meet with success.

I would be pleased here to compare the respective positions of the young lawyer, divine and physician; but I have already far exceeded the original scope I premised for my remarks. It is a fruitful and interesting theme, and I pray you to let it appeal to your best abilities.

Allow me the privilege of a few words on the choice of a physician, and I have done. The best advice I have ever seen on this subject is, I think, given by Lady Bury in one of her novels. To what is there said (if I quote correctly) I would add the following traits as characteristic of a well-bred and intelligent physician. All his actions are based upon the broad ground of Christianity. He is ever willing to meet in consultation whomsoever his patient desires, without regard to the age of the consulting assistant. He is of sound common sense, affable yet dignified, gentle yet firm, and cheerful yet sympathizing. He hates an untruth, abominates drunkenness, and eschews gluttony. But the noblest trait of all is that innate sense of justice which makes him ever prompt in upholding his professional brethren each in their proper station, and speaking of their good qualities as often as occasion offers or their justification requires his friendly countenance. Such a man is a physician indeed—the friend, the counsellor, a light unto the feet of his patients. His footstep is music to the sick one's ear, and expiring mortality wanes gently with a smile if the dying eye gaze fadingly upon him.

I abruptly leave the subject to be farther touched by a master hand, or called again to my notice if you think I can thereby render the profession any adequate service. The "*olim meminisse juvabit*" looms darkly on the retrospections of most young physicians, and that I would

fain it were not so is my only excuse for these hasty remarks. Let our mottoes be, "Render unto Cæsar the things that are Cæsar's," and "Live and let live." I despise young intruders as much as I do old interlopers upon and among the rights and immunities of the worthy disciples of Esculapius; never forgetting that to be a physician, it is first necessary to be an accomplished gentleman.

Washington, D. C., Sept., 1842.

THE HEART EXAMINED THROUGH A CAVITY IN THE CHEST.

"THE blood man," William Harvey, Doctor of Physic, and Professor of Anatomy and Chirurgery in the College of Physicians of London, recorded the following fact, in his *Anatomy*, published in 1653.

"A noble young gentleman, son and heir to the honorable the Vice Count of Montgomery, in Ireland, when he was a child had a strange mishap by an unexpected fall, causing a fracture in the ribs on the left side; the bruise was brought to a suppuration, whereby a great quantity of putrefied matter was voided out, and the putrefaction gushed out for a long while together out of the wide wound. I deliver it from his own mouth, and the testimony of other credible persons, who were eye-witnesses. This person of honour, about the eighteenth or nineteenth year of his age, having been a traveller in Italy and France, arrived at last in London; having all this time a very wide gap open in his breast, so that you might see and touch his lungs (as it was supposed). Which, when it came to the late King Charles his ear, being related as a miracle, he presently sent me to the young gentleman, to inform him how the matter stood. Well, what happened? When I came near him, and saw him a sprightly youth, with a good *complexion* and *habit of body*, I supposed somebody or other had formed an untruth. But having saluted him, as the manner is, and declared unto him the cause of my visit, by the king's command, he discovered all to me, and opened the void part of his left side, taking off the small plate, which he wore to defend it against any blow or outward injury. When I presently beheld a vast *hole* in the *breast*, into which I could easily put my three fore-fingers, and my thumb; and at the first entrance I perceived a certain fleshy part sticking out, which was driven out by a reciprocal motion, whereupon I gently handled it in my hand. Being now amazed at the novelty of the thing, I searched it again and again, and having diligently enough inquired into all, it was evident that the old and *vast ulcer* (*for want of a skilful physician!*) was miraculously healed, and skinned over with a membrane on the inside, and guarded with flesh all about the margin of it. But that fleshy substance (which at first sight I supposed to be proud flesh, and every body else took to be a *lobe* of the lungs), by its pulse and the difference of *rythme* thereof, or time which it kept (and laying one hand upon the *wrist*, and the other upon the *heart*), and also by comparing and considering his respirations, I concluded it to be no part of the *lungs*, but the cone or substance of the *heart*. I took notice of the motion of the heart; namely, that at the diastole it was drawn in and retracted,

and in the systole it came forth and was thrust out; and that the systole was made in the heart when it was sensible at the *wrist*. Thus, strange as it may seem, I have handled the heart and ventricles, in their own pulsations, in a young and sprightly nobleman, without offence to him; wherefore, I conclude that the heart is deprived of the sense of feeling."

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PRACTICAL ANATOMY.

HERE in Massachusetts, the profession is generally supposed to exist in *El Dorado*, in respect to anatomical privileges. The Legislature, several years ago, made ample provision—by allowing a certain description of deceased persons to be given up for the promotion of anatomical knowledge; but it has so happened ever since, that it is much more difficult to procure subjects than it was before. The reason of this is obvious: the dispensing power, unfortunately, in several of the large towns, is lodged in the hands of a narrow-minded, obstinate individual, who is determined to make his own ignorance the standard of knowledge. He contemplates the law with absolute horror—and, therefore, instead of offering facilities as he should, and as the framers of the act expected, every possible obstacle is thrown in the way. Dissections are pursued, to be sure, but under embarrassments. Subjects are brought from the cities of other States, where they are procured in violation of the laws, it is presumed, as no liberality worth naming has ever been shown by the representatives of the people in any of the neighboring States, in regard to practical anatomy. As things now stand, the wonder is that the grave is not frequently violated. And it would not be strange if such a culpable course were occasionally adopted, and the pretence set up that the subject was brought from some distant place, and therefore it was no one's business. It is a common notion that sins committed away from home, lose the heinousness of their character in proportion to the distance of the place where they were committed.

A modification of the anatomical law of Massachusetts must either be made, or it must be amended, to answer the original intentions; or such men be appointed to administer it, as have common sense, courtesy, and a distinct conception of the importance of anatomical study. At the rate things are now going on, private dissections will by-and-by be wholly impracticable; and yet, without a constant repetition, it is difficult to retain even an elementary acquaintance with the science.

Memoir of the late Dr. Wyman.—It would have been exceedingly gratifying to have published a memoir of the late president of the State Medical Society; but the destinies have ordered it otherwise. Dr. Wyman possessed many excellent traits of character, that should have been recorded for the imitation and benefit of others. He rose to distinction by

the practice of all the moral virtues, and died deeply lamented by the community in which the last years of his life were quietly passed. Very soon after the melancholy news was circulated that the good man was dead, we made personal application to an individual, from whom it was presumed that the essential materials, at least, might be procured for a brief biographical sketch; but, although encouraged to hope for assistance, we were finally doomed to disappointment. There was an obituary notice in one of the public papers, at the time, but by no means sufficiently ample in details for the Journal.

With this explanation, a correspondent cannot think, for a moment longer, that we are intentionally remiss in discharging what he may consider a positive duty.

Lectures on Pathology.—Dr. J. B. S. Jackson, we are informed, is giving a course of lectures on Wednesdays and Saturdays, at 4 in the afternoon, on pathology, which are well received. No man in this community understands the subject better, and we are really gratified that he consented to oblige those who solicited him to undertake the course. We have only one thing to regret in the matter, and that is, that we knew nothing about it till the lectures had commenced, so that we are deprived of the advantages to be derived from listening to Dr. Jackson's observations, which cannot be otherwise than instructive. The fact is, this gentleman ought to be permanently connected with some medical institution. By years of unremitting industry, he has acquired a large amount of that particular kind of professional knowledge which is indispensable to a complete medical education; and we hope, at some future period, to see him placed where he would shine as a star of the first magnitude.

What is Homœopathy?—John Epps, M.D., of London, asks this question, in a little bit of a pamphlet, republished in Boston by our kind neighbor, Mr. Otis Clapp, School street; and, like most people, when they can't get an answer that suits, answers it himself. He makes the subject so plain, that there is nothing of it for any one to see, feel or taste. We discover no arguments in this pamphlet original or striking. After sufficiently glorifying the great star of the East, Dr. Hahnemann, to whom the great majority of homœopaths chant *Io Peans* when the process of conversion is thoroughly completed, Dr. Epps evidently shows that he is seeking favorable notoriety. We hardly know how to stem the torrent of this business, that seems to be coming on with new power. We shall be compelled, at this rate, to stand with our back to the wall, and swallow either the books or the infinitesimal doses in self-defence.

A fortunate Medical Writer.—Dr. Usher Parsons, of Providence, has probably taken more premiums for acceptable medical essays, than any other physician in the United States. We used to keep the tally, but no longer think of doing so. In the Transactions of the Medical Society of Rhode Island, is the following intelligence, under date of Sept. 8th. "The prize medal of one hundred dollars, from the Fiske Fund, for the best treatise on *Diseases of the Spine*, was awarded Usher Parsons, M.D., of Providence, former president of the Society." In order to encourage

others, who may not think it worth while to contend for the honor of a future prize, for fear that the old champion might again be in the field, it might be well to have a proviso, thus—*Dr. Parsons will not write this time.*

Patent Right for curing Syphilis.—Silas Thurman, of Lincoln, Kentucky, has secured a patent, for preparing and vending a queer compound for curing syphilis, buboes, gleet, &c. &c. If the commissioner of the patent office can find no better service to perform than the issuing of letters patent for such a vile mess, and for such a purpose as expressed in the declaration, it would redound to his credit to return to Connecticut. The receipt runs thus—"Take 12 lbs. of green poke root, which is to be cut small and boiled in 16 gallons [of what?] until reduced to half a gallon; let this cool, and press and strain it. This constitutes the first portion of the tea. For the second, take 7 oz. dry sarsaparilla; put half of this into three pints of whiskey, and let it remain until the strength is extracted. Then take 12 oz. cedar tops; half the portion of sarsaparilla; rattle weed, 4 oz. of the root; and half a pound of sumach; put them in 16 galls. of water, and boil down to half a gallon. Add this to the first tea, together with the extract of sarsaparilla in whiskey, and it is fit for use. For syphilis, take two and a quarter drachms of sulphur night and morning; take Epsom salts, also, to keep the bowels open, and every morning, noon and night, take 3 oz. of the tea. Get bled every few days, until the blood becomes of a pure and natural color. In any common case of all the above described diseases, ten or twelve days will effect a perfect cure, unless calomel has been taken, when it will require longer. Calomel is prohibited in all cases, but in cases of syphilis the ulcers must be greased [!] every time after washing with red precipitate."

Rhode Island Medical Society.—The adjourned annual meeting of the Rhode Island Medical Society was holden in the Senate Chamber, at Providence, September 8th.

The president, Dr. Brownell, took the chair at ten o'clock. After the usual business of the Society, L. L. Miller, of Providence, was elected 2d Vice President of the Society, in place of Jeremiah Williams, deceased; David King, of Newport, was elected a Censor of the southern district, in place of Dr. Cotton, resigned; S. Augustus Arnold, of Providence, was elected a Censor of the northern district, in place of Dr. Miller, resigned; and L. Utley, of Providence, was elected Recording Secretary of the Society, in place of Johnson Gardner, resigned. G. A. Hammet, Israel M. Bowen, Sylvester Clapp, Dan King, Joseph H. Sweetser, Daniel Baker and Jeremiah Olney, were elected Fellows. Amariah Brigham, M.D., of Hartford, was elected honorary member of the Society.

L. L. Miller, of Providence, was appointed first, and Hiram Allen, of Smithfield, second, Orator for the next anniversary meeting. An elaborate and highly valuable practical discourse on *Aphtha*, was read by George Capron, M.D.

Medical Practice in London.—A memoir of the late Dr. Hope, Physician to St. George's Hospital, by Mrs. Hope, has lately been published in

London. From a notice of the work in the Medical Gazette, we select the following remarks respecting the incomes of professional men in London.

"On arriving in London, Dr. Hope was led into the belief that the first twenty physicians of the metropolis divided about £50,000 annually between them, and that a successful physician might hope to be established in good practice in about five years. To be one of so large a number as twenty seemed no difficult task, and therefore 'he ignorantly hoped' that if he succeeded at all he should be making £4000 a year in about five years! He was, of course, quickly undeceived. He had now gained many friends, he was married, he was a successful author, but the approaches to £4000 a year were 'very tardy.' He thought himself in fault, until a little friendly conversation with Dr. Chambers and Sir Henry Hallford taught him more correctly upon the subject of so speedily stepping into large receipts. Dr. Hope kept a regular account of every fee which he received during the twelve years he was in London. 'We are, therefore,' says the editor, 'enabled to speak with the greatest accuracy.' The first two years he was in London he made £200 a year. The third year, the accidental removal of some families who employed him reduced his practice to £150. At the end of the third year his work on the Diseases of the Heart was published, and he came before the profession as physician to the Marylebone Infirmary. Still, in the first year after, his practice was little increased; but from this period his reputation became extended, and his practice gradually increased, until in eight years more, when he retired, he was making £4000 a year. This—as we should call it—great success was fairly and honorably labored for, and won."

Destruction of the Medical Library at Hamburg, in the recent Conflagration.—"The frightful conflagration which visited Hamburg in the beginning of last May, has not spared the premises of the Medical Union, whose library, the fruit of twenty-six years' assiduous collections, exists no more! Such a loss cannot be repaired by pecuniary contributions. Complete series of a great number of German, French, English, American and Italian journals and works, rare editions of the older authors, a multitude of ancient and modern medical and chirurgical encyclopædias and lexicons in various languages, scarce and curious prints, &c., are not only lost, but are no longer procurable by purchase; while many hundred volumes of old dissertations, classified according to subjects, cannot be replaced in any manner. In this strait the Medical Union earnestly requests advice, not only from its foreign members, but from all its medical brethren, where and in what manner it may once more gradually acquire possession of a library at the least possible expenditure of money. Any communication on this subject, in post-paid letters, or through the medium of booksellers, addressed to 'The Directors of the Hamburg Medical Union,' or to F. W. Oppenheim, M.D., will be received with the sincerest thanks. The editors of medical journals are requested kindly to give insertion to this notice in their respective publications."

Enlarged Prostate mistaken for Calculus.—M. Ripault, of Dijon, was called to assist at an operation for stone. The patient was an adult, in whom all the symptoms of calculus were present: the characteristic sound occasioned by striking the sound against a hard body was distinctly

heard by several persons, and the existence of a stone undoubted. The lateral operation was performed, the bladder was opened; but the forceps, several times introduced, brought away nothing but clots of blood. An encysted stone was suspected, but the operation was discontinued. Nevertheless, the pains, which the patient previously experienced, ceased for some months; after which they returned with greater violence; difficulty of micturition increased, the urine became ammoniacal, fever set in, and the patient died six months after the operation. On examination of the body, the pustules were found enlarged and composed of tough fibrous tissue, a section of which had a horny appearance, and when struck with the sound it communicated the same sensation which had been experienced during life.—*Acad. des Sciences, in London Med. Gaz.*

Medical Miscellany.—Prof. Liebig, the chemist, is now in England, and, in company with Dr. Buckland, the geologist, and Professors Daubeny and Playfair, is about making agricultural visitations among the most eminent farmers.—Dr. Gregory, of Edinburgh, was elected to present King's College address to the Queen, who arrived in that city the 2d of September.—Mr. Burton is giving a course of lectures on phrenology, in Boston.—People this way would like to know the name of the physician who disgraced himself and the profession by dancing attendance on Lilly and the murdered M'Coy, the New York prize fighters.—Dr. A. Morren, of Rochester, has had a public exhibition at old Concert Hall, in that city, to illustrate the gross impositions of animal magnetism, which must have been an amusing affair. The doctor has a card in the Rochester Evening Post, in which he thus explains the object—"I did intend to mislead the public temporarily, in order the more perfectly to deceive them on the subject of animal magnetism, and thus assist in banishing a humbug."

MARRIED.—At Albany, Erasmus D. Jones, M.D., of Keesville, to Miss S. J. Phelps.—In Philadelphia, Charles Neidhard, M.D., to Miss Isabella Taylor.

DIED.—At Bacon's Castle, Va., S. D. Langtree, M.D., one of the original editors of the Democratic Review, 31. He was a native of Ireland, and educated to the profession of medicine, but his taste was always for general literature, and he therefore did not practise physic.

Number of deaths in Boston for the week ending Sept. 24, 31.—Males, 15; Females, 16. Stillborn, 2. Of consumption, 5—worms, 1—lung fever, 3—disease of the heart, 1—infantile, 3—dysentery, 3—bowel complaint, 1—teething, 1—child-bed, 1—crystalas, 1—scarlet fever, 3—fever and ague, 1—old age, 2—inflammation of the brain, 1—dropsy, 1—chronic diarrhea, 1—scrofula, 1.

CAMBRIDGE EDITION OF LIEBIG'S ANIMAL CHEMISTRY.

JOHN OWEN, Cambridge, has just published the only correct American edition of Liebig's Animal Chemistry, with all the latest corrections and additions. Edited by Dr. Gregory and Prof. Webster.

Edinburgh, Sept. 2d, 1842. I hereby declare that I shall acknowledge no other edition.
WILLIAM GREGORY.

"The chemist, the physiologist, the medical man, and the agriculturist, will all find in this volume many new ideas, and many useful practical remarks. It is the first specimen of what modern organic chemistry is capable of doing for physiology."—*London Quarterly Review.* Sept. 28—11

MASSACHUSETTS MEDICAL SOCIETY.

THERE will be a stated meeting of the Counsellors of the Massachusetts Medical Society held at the Society's room, Masonic Temple, Tremont street, on Wednesday, Oct. 5th. SAMUEL MORRILL, Recording Secretary.

TO PHYSICIANS.

THE advertiser, residing in an enterprising village in the county of Windsor, Vt., desirous of retiring from practice, offers his situation for sale. Assistance will be rendered, if desired, to assist the purchaser into a good run of practice. Further particulars can be obtained by addressing, *post-paid*, the publisher of this Journal. Sept. 14—31

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

The annual course of Medical Lectures in this Institution will begin on the last Monday of October. There will be two annual sessions, the first of which will terminate on the last day of February, when candidates for the degree of Doctor of Medicine will be examined. The lecture fees for this term, are \$105.

The second term of instruction will begin on the third Monday of March, and will be continued until the middle of June, when another examination of candidates will take place. The entire fees for this course are \$50.

The spring term offers the following advantages to the student of medicine: 1st. He may annually attend a course of seven instead of four months. 2d. If he graduate at the close of the winter term, he will be allowed to attend the spring term gratuitously. 3d. If the candidate for graduation at the winter Commencement be found unprepared, he will be permitted to attend the spring course gratuitously, and to pass another examination. 4th. An attendance on two spring courses will be received as an equivalent for one winter course.

The surgical clinique is continued every Saturday throughout the year.

VALENTINE MOTT, M.D., Professor of the Principles and Operations of Surgery, and Surgical and Pathological Anatomy.

GRANVILLE SHARP PATTISON, M.D., Professor of General, Descriptive and Surgical Anatomy.

JOHN REVERE, M.D., Professor of the Theory and Practice of Medicine.

MARTIN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Midwifery and the Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

Appointments by Professors of Surgery and Anatomy.

JOHN CARWOODAN, M.D., Professor to the Professor of Surgery.

JOHN H. WHITAKER, M.D., Demonstrator to the Professor of Anatomy.

New York, July 14, 1842.

Jy. 27—eptN

JOHN W. DRAPER,

Secretary to the Faculty.

BALTIMORE COLLEGE OF DENTAL SURGERY.

The annual Course of Lectures in this Institution, will commence the first week in November, and continue to the last of February.

HORACE H. HAYDEN, M.D., Professor Dental Physiology and Pathology.

CHAPIN A. HARRIS, M.D., Professor Practical Dentistry.

THOS. E. BOND, Jr., M.D., Professor of Special Pathology and Therapeutics.

W. R. HANDY, M.D., Professor of Anatomy and Physiology.

Dental Cliniques will be given during the Course.

Sept. 7—eptN.

W. R. HANDY, Dean.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocker, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Histouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Plug-gers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—tf

CHANCE FOR A PHYSICIAN.

A PHYSICIAN in a pleasant sea-port village in Maine, wishing to leave the State, will dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a good opportunity for a gentleman well qualified in his profession. For further information, inquire (if by letter, post-paid) at this office.

Sept. 14—3t

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1842-43.

The regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Professor of General, Descriptive and Surgical Anatomy.

J. K. MITCHELL, M.D., Professor of Practice of Medicine.

THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Professor of Chemistry.

Lectures and practical illustrations will be given at the Philadelphia Hospital regularly through the course, by

Dr. DUNGLISON on Clinical Medicine.

Dr. PANCOAST on Clinical Surgery.

Or after the first of October, the dissecting-room will be open, and the Professor of Anatomy and the Demonstrator, Dr. Jonathan M. Allen, will give their personal attendance thereto. Clinical instruction will likewise be given regularly at the Dispensary of the College. During the course, ample opportunities will be afforded to students of the school for Clinical Instruction; Professors Dungleison, Huston and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon of the Philadelphia Dispensary.

ROBERT M. HUSTON, M.D., Dean of the Faculty.

*. Boarding and other personal expenses of students are at least as cheap in Philadelphia as in any other city of the Union.

Ag. 24—tO30